

Disclosure Authorization

For purposes of this claim, I hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, or other organization, institution or person, that has records or knowledge of my health, to give to the Jefferson-Pilot Life Insurance Company or any agent, attorney, consumer reporting agency or independent administrator acting on its behalf any such information. I hereby request and authorize Jefferson-Pilot Life Insurance Company to furnish all such information obtained by it to the policyholder's personal physician upon request and I hereby waive any privilege to such information. A copy of this authorization shall be as valid as the original. This authorization shall be valid for the duration of the claim.

I or my authorized representative is entitled to receive a copy of this authorization.

Date 8-9 19 93 Claimant's Signature Christopher L. Keeney

SHARON L. ELLIOTT
CHIEF OF POLICE
JACKSONVILLE, FLORIDA
JULY 11, 1993
RECEIVED

RECEIVED - FBI
AUG 11 AM 11:49

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Date 3-12, 19 2000 Claimant's Signature Christopher L. Kearney

2.2000 2:02PM

NO. 376 P. 4

Disability Management Services, Inc.

1350 Main Street, Springfield, MA 01103-1619 Tel: (413) 747-0990 Fax: (413) 747-1545

A third party administrator for:

Jefferson-Pilot Life Insurance Company

Name of Insured:	Social Security Number:
Christopher Keamey	Redacted

Authorization To Obtain Information

I authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance company, employer, The Social Security Administration, consumer reporting agency, or any other person or organization having any information regarding illness, injury, medical history, diagnosis, treatment, and prognosis with respect to the physical or mental condition and treatment, including drug and alcohol abuse treatment, of the insured and any other non-medical information of the insured to give Jefferson-Pilot Life Insurance Company or its representative any and all such information required by them to determine my eligibility for policy claim benefits.

I authorize Jefferson-Pilot Life Insurance Company to request dates of past and present claims and names of insurers, but not medical or personal information, from the Health Claims Index operated for subscriber insurers by the Medical Information Bureau (MIB), and association of life insurance companies. I understand similar information may be reported to MIB.

Use and Disclosure

I understand the information obtained by use of the Authorization will be used by Jefferson-Pilot Life Insurance Company to determine eligibility for benefits under an insurance policy. Any information obtained will not be released by Jefferson-Pilot Life Insurance Company to any person or organization except to reinsuring companies, third party administrators, claim consultants or other persons or organizations performing business or legal services in connection with this claim or as may be otherwise lawfully required or as I may further authorize.

I understand that any person knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information, is or may be guilty of a criminal act punishable under law.

Agreement and Acknowledgment

I know that I may request to receive a copy of this Authorization.

I agree that a photocopy of this Authorization shall be as valid as the original.

I agree that this Authorization shall be valid for the duration of my current claim.

Claimant's Signature: Christopher Keamey Date: 2-21-01
(Claimant or claimant's authorized representative)

274-48-7385
(Relationship to claimant if authorized representative)
(Claimant's Social Security No.)

DMS No: 10007476

d/b/a: New England Claims Administration Services, Inc. in FL, MD, ME
 Licensed as New England Claims Administration Services, Inc. in CA
 d/b/a: Centre Claims Administration Services in NH

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